Happy Holidays to you all! I write this as fall begins and we look forward to the Maryland Nurses Association (MNA) Convention in about 2 weeks. It should be an exciting time for all participants to recognize their value as a nurse leader and how they influence the future of nursing. Join me in thanking those who worked so hard to make this convention such a success. MNA staff Ed Suddath, Susan Prentice and Marie Ciarpella worked their usual magic with registration, information, presenter screening, and duties too numerous to list here. Convention chair Jo Fava-Hochuli and her committee members have been meeting regularly since the end of last year’s convention to assure that we improve the process and offerings each year. So many member volunteers help and serve on committees to make every convention a success that I cannot list them all but each one is dedicated to MNA and the future of nursing and I want to thank each one of them.

No matter the age of or experience of a nurse, he or she is building the future of our profession. How can one person influence a profession? By being a mentor to those nurses who follow behind. The actor Denzel Washington shared this about mentoring, “Show me a successful individual and I’ll show you someone who had real positive influences in his or her life. I don’t care what you do for a living—if you do it well I’m sure there was someone cheering you on or showing the way. A mentor.” (2016). Have you shown someone the way or been a cheerleader for another nurse?

A mentor is not necessarily someone who is perfect or who takes the lead every day. Rather, it is the individual who recognizes that someone needs help and is willing to share their strength and wisdom with that person. The next Maryland legislative session will be starting in just a few weeks. Plan to take a new nurse to the Nurses Night in Annapolis event. Encourage them to become an active member of MNA and the American Nurses Association (ANA). If any MNA district holds an education or social event, bring them with you to the meeting and model the behavior of professional nurses.

It is never too early or late in your nursing career to act as a mentor. A younger nurse may mentor an older nurse who is new to the unit. A recent graduate has many ideas to share with someone who is experienced. In my clinical practice I frequently mentor student nurse practitioners and I learn so much from them as they bring fresh information from their studies. Think about what you have to offer as a mentor. The New Year is a good time to build the future of our profession. Happy 2017 to everyone.
Freeman Appointed to Council on Heart Disease and Stroke

Lois A. Freeman
DNP, CRNP, CCRN
who is the sole provider in the Home Telehealth Program at the Maryland Veterans Administration (VA) Healthcare System in Baltimore, MD, has been appointed to the Council on Heart Disease and Stroke Prevention by Governor Hogan.

The Council on Heart Disease and Stroke Prevention acts in an advisory capacity to the Department of Health and Mental Hygiene. The Council works collaboratively with a broad range of agencies and organizations to develop and promote educational programs in the prevention, early detection, and treatment of heart disease and stroke, targeted to high-risk populations and to geographic areas where there is a high incidence of heart disease and stroke.

The Advisory Council also establishes guidelines for DHMH that cover:

- Primary prevention
- Detection
- Case finding
- Diagnosis
- Diagnostic work up
- Therapy
- Long term management

Any other services that the Advisory Council thinks should be covered

Once every 2 years, the Advisory Council submits a report to the Governor evaluating heart disease and stroke prevention, education, and treatment programs. The Advisory Council consists of 25 members appointed by the Governor. Member terms are for a report to the Governor evaluating heart disease and stroke prevention, education, and treatment programs. The Advisory Council also establishes guidelines for DHMH that cover:

- Primary prevention
- Detection
- Case finding
- Diagnosis
- Diagnostic work up
- Therapy
- Long term management
- Any other services that the Advisory Council thinks should be covered

The Maryland Nurse is the official publication of the Maryland Nurses Association. It is published quarterly. Annual subscription is $20.00.

MISSION STATEMENT

The MNA Mission Statement and Values adopted October 2014

The Maryland Nurses Association, the voice for nursing, advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing.

Our core values: Camaraderie, Mentoring, Diversity, Leadership, and Respect

Articles and Submissions for Peer Review

The Maryland Nurse welcomes original articles and submissions for peer review. All material is reviewed by the editorial board prior to acceptance. Once accepted, manuscripts become the property of The Maryland Nurse. Articles may be used for print or online by the Maryland Nurses Association and will be archived online. It is standard practice for articles to be published in only one publication. If the submission has been previously distributed in any manner to anyone, please include this information with your submission. Once published, articles cannot be reproduced elsewhere without permission from the publisher.

Preparing the Manuscript:

1. All submissions should be word-processed using a 12 point font and double spaced.
2. A title page should be included and contain a suggested title and the name or names of the author(s), credentials, professional title, current position, e-mail, mailing address, telephone contact, and FAX number, if applicable. Authors must meet the requirements for authorship. Contributions from those who do not meet the criteria for authorship may be listed in an acknowledgements section in the article. Written permission from each author acknowledged must be submitted with the article.
3. Subheadings are encouraged throughout the article to enhance readability.
4. Article length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words).
5. All statements based on published findings or data should be referenced appropriately. References should be listed in numerical order in the text and at the end of the article following the American Psychological Association (APA) style. A maximum of 15 references will be printed with the article. All references should be recent published within the past 5 to 7 years—unless using a seminal text on a given subject.
6. Articles should not mention product and service providers.

Editing:

All submissions are edited for clarity, style and conciseness. Retarded articles will be peer reviewed. Comments may be returned to the author if significant clarification, verification or amplification is requested. Original publications may be republished in The Maryland Nurse with written permission from the original author and/or publishing company that owns the copyright. The same consideration is requested for authors who may have original articles published first in The Maryland Nurse. Additionally, once the editorial process begins and if a submission is withdrawn, the author may not use The Maryland Nurse editorial board review comments or suggestions to submit the article to another source for publication. Authors may review the article to be published in its final form. Authors may be requested to sign a release form prior to publication. The Maryland Nurses Association retains copyrights on published articles, subject to copyright laws and the signing of a copyright transfer and warranty agreement, and may transfer that right to a third party.

Submissions should be sent electronically to TheMarylandNurse@gmail.com.

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Strategies to authenticate nursing competencies practice require multidimensional assessment. The teaching-learning process must be assessed for the effectiveness of both didactic and clinical instruction, in an academic setting. In an attempt to determine the discrepancy between newly licensed registered nurses and experienced practicing nurses, the gap exists between newly licensed registered nurses and educators is to close the theory-practice gap that focuses on safety. The focus and goal of nursing professionals with a high level of competence and higher education increase the number of nursing graduates, and the public continues to demand that institutions of higher education increase the number of nurses produced in the United States. Consequently, administrators and members of the public continue to demand that institutions of higher education increase the number of nursing professionals with a high level of competence and proficiency in both theory and practice, reflecting the discord between what is taught and what is used safely. The gap between what is taught and what is used safely by the student is described as the “discrepancy between what is taught and what is used safely” by the student. In fact, educators typically use two different types of evaluation: formative and summative evaluations.

Formative assessments are completed in an ongoing, informal fashion allowing data to be gathered while the teaching-learning process is being developed. Scheckel (2009) states that the significance of the formative process lies in whether the student demonstrates problems in achieving the desired outcomes for a specific content topic, in addition, the faculty may want to use different teaching strategies to improve the effectiveness of the content. The data needed to support a formative assessment of the current teaching-learning process can be reflected in the results of activities such as quizzes, questionnaires, papers, or other classroom assessment techniques (CAT’s).

In contrast, a summative evaluation is completed by the faculty at the end of the course or unit of study. When planning the course curriculum, the educator must consider the type of assessment required to measure specific outcomes, determine learner readiness, and assess how learners learn. The summative evaluation provides insight on the student’s learning outcomes, determines the effectiveness of learning activities and strategies, and assist with the revisions to the planned learning activities in the course (Scheckel, 2009). Accordingly, learning activities can be included in achievement assessments, and therefore may result in creating critical thinking, problem-solving, and content assessment based on the use of computer-based examinations, portfolio’s, clickers, and journaling.

Computer-Based Examinations
Many educators use a traditional means of evaluation and assessment to measure the student’s cognitive competencies, proficiencies, and feelings about the learning experience. The summative evaluation provides insight on the student’s learning outcomes, determines the effectiveness of learning activities and strategies, and assist with the revisions to the planned learning activities in the course (Scheckel, 2009). Accordingly, learning activities can be included in achievement assessments, and therefore may result in creating critical thinking, problem-solving, and content assessment based on the use of computer-based examinations, portfolio’s, clickers, and journaling.
Typically, computer-based examinations are constructed in a manner that builds on knowledge gained throughout the curriculum from one semester to the next or, from the first week of the semester through the last. In addition, many computer-based instructional programs that are designed and created allow a degree of learner control. The educator may consider a computer-based examination the best method to assess the learning of a student that is preparing to take the NCLEX-RN. One of the primary goals of the educator is to design an environment that elicits the behavior that promotes learning and provides the desired behaviors necessary for the successful sitting for the NCLEX-RN. The educator’s approach must promote and support the dignity of the individual and is widely used throughout the profession of nursing. Thus, this strategy is viewed as a means to value student feelings, promote independence, responsibility and accountability (Vandeveer, 2009). The educator may also spend additional time preparing the students for the computer-based examination by using instructional time to facilitate the growth of the student.

The preparation would potentially include using case studies, providing positive feedback, and asking questions to facilitate critical thinking (Vandeveer, 2009). The use of portfolios is an alternative method to testing and is used as a means to assess a learner’s progression towards meeting course and program outcomes.

Portfolios

Portfolios are a collection of student works that have been especially selected and organized to show proof of a student’s achievements, or provide samples of the students’ best works (Gronlund & Waugh, 2009). Professional portfolios, much like resumes have been identified by some regulatory bodies as a means to document competencies and professional profiles. Thus, the portfolio highlights a twofold use as a teaching and learning strategy, as well as a private document (Jasper, 1995).

The initial portfolios were pen and paper, and provided a good representation of the student’s work. Over time there has been an increase in the use of computer technology which created a shift to the electronic portfolio (ePortfolio), leaving the pen and paper as an archaic process (Jones, et al., 2006). Many educators and schools continue to use both methods of documenting a portfolio.

Nursing educators using portfolios have used them for a number of purposes, however, the highest uses were as a method of assessment (McColgan, 2008). The value of the portfolio as an assessment method is found in the evidence provided by the selection of works presented in the portfolio. Kear and Bear (2007) noted that the portfolios are one of the most effective and efficient strategies used to demonstrate the accomplishment of course and program objectives.

When initiating the portfolio strategy, students must have clear directions on the criteria for the portfolio project and what documents can be included. Since portfolios are student centered projects, the students are allowed to select their best work for critique and grading.

Clickers

Clickers are new learner centered technological tools that are also known as personal response systems (PRS), audience response systems (ARS), or student response systems (SRS), that are being used by major corporations across America, entertainment shows on television, and educators teaching in large lecture halls (Skiba, 2006). Meedran and Fisher, (2009) have described the clicker response system as small remote controlled devices that transmits infrared signals that are sent and picked up by a receiver that is within the instructor’s computer

Bridging the Theory Practice Gap continued from page 3

during and after participation in courses and programs (Bourke & Ihrike, 2009). In 1994, the National Council of Licensure Examination for registered nurses (NCLEX-RN) implemented a computerized testing format that has resulted in an increasing use of computer based examinations to prepare prelicensure nursing students for the NCLEX-RN (Gilmer, Murley, & Kyzer, 2003). The NCLEX-RN is the examination given to prelicensure graduate nurses to obtain their license to become a registered nurse. One of the primary methods of assessment is a written or computer-based examination. Computer-based examinations have provided significant gains for both the faculty and students (Gilmer & et. al, 2003). Some of the advantages include flexibility in scheduling, preparation, test analysis and review, location, time, storage, a data repository, and feedback to students (Gilmer & et. al, 2003).

The computer-based examination questions are structured to address the course objectives and learning outcomes. The questions are constructed based on the revised edition of Bloom’s taxonomy of educational objectives which is a guide to instruction and evaluation of students (Gronlund & Waugh, 2009). Bloom’s taxonomy of educational objectives three domains of behavior for classifying objectives: Cognitive, psychomotor, and affective (McDonald, 2007). The cognitive domain is focused on thought processes and consists of the terms, remember, understand, apply, analyze, evaluate, and create (Gronlund & Waugh, 2009). The questions usually encompass the difficulty levels that span from simple to complex using the cognitive domain.

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which contains a software program that allows the responses to be visualized on a multimedia screen. Clickers will allow the learner to select responses to questions that are made available. The response is then automatically and anonymously displayed on a media screen in the classroom. Once the response is displayed, the faculty member may ask the class to discuss a particular answer. After discussion, the class can select responses again, promoting collegial interaction and teachable moments (Skiba & Barton, 2006).

Educators are using clickers as an example of meeting the needs of the internet (Net) generation or Millennials who are just entering college and have the expectation that there should be immediate information, knowledge, and feedback (Skiba, 2006). Clickers are also being used to assess student’s critical thinking skills, encourage active learning, and capture data that will assist in curriculum revision. A study by Meedran and Fisher (2009) confirmed that student’s generally believed that clickers assisted them in acquiring and retaining knowledge. Skiba (2006) identified clickers as a best practice for active learning and prompt feedback, a method for encouraging student-faculty interactions, and assessing critical thinking.

Journaling
Journaling is an active learning technique seen in nursing clinical education used by faculty to evaluate the student’s thinking (Blake, 2005). Journaling is known by other names such as, narrative pedagogy, reflective writing, reflective thinking, logging, and dialogue journals (Blake, 2005). Many students use journaling like writing in a diary, as a means to capture their personal and professional experience. The nurse educator that uses journaling is using a teaching learning process that promotes a reflective practice. A reflective practice means that there is a specific self-examination that looks back over what happened in the practice environment to improve the clinical experience (Blake, 2005). Ritchie (2003) documented that nurse educators use this approach for personal and professional development of the student. Journaling has the potential to create opportunities for mentoring, promote discussions, and foster higher levels of critical thinking (Daroszewski, Kinser, & Lloyd, 2004).

Conclusion
The decision to become a nurse educator is not an easy one, in fact, the nurse that decides to enter the world of academia or higher education does so with a commitment to change the lives of many individuals. Financial, personal, and professional sacrifices are made to embrace the commitment created between the educator, the school, and the student. The educator must understand that the teaching learning process is complicated and designed to be individualized. But more importantly, it is a commitment that requires an ongoing assessment of the educators teaching strategies, the effectiveness of sharing the information, and the critical revisions required to ensure that all learners receive the best possible instruction. The educator must demonstrate professional, appropriate, and responsible assessments that will motivate students and assist in meeting the professional obligations required of a teacher and nurse. In closing, it is the essential function of nurse educators to participate in creating an environment that has the highest level of competence, quality, and safety.

References

The Maryland Academy of Advanced Practice Clinicians (MAAPC) fall conference was held on Saturday, Oct. 1, 2016, at Anne Arundel Medical Center in Annapolis, Maryland. Pearls of Practice Part 4: Emerging Trends in Pharmacology, is a local one-day CE/CME event dedicated to pharmacology. Conference offerings included advanced practice CEs for pharmacology colleagues, as well as assistance with new legislation mandates from the Maryland Department of Health and Mental Hygiene’s Maryland Prescription Drug Monitoring Program (PDMP).

Beginning Saturday, Oct. 1, 2016, practitioners authorized to prescribe controlled dangerous substances (CDS) in Maryland must be registered with the PDMP prior to obtaining a new or renewal state CDS Registration or by Saturday, July 1, 2017, whichever occurs sooner. Visit http://bha.dhmh.maryland.gov/PDMP for updated information, important compliance dates and frequently asked questions.

Maintenance of a presence at the General Assembly is an important part of MAAPC’s mission to promote the advancement of all Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) in the state of Maryland. This spring, MAAPC’s legislative representatives Lorraine Diana, CRNP, and Elaine Crain, DNP, worked with the Board of Nursing on several important bills impacting the practice of APRNs in Maryland:

- HB104 - Medical Cannabis - Written Certification - Certifying Providers: MAAPC supported this bill with amendments to include nurse practitioners added to the list of those who can certify patients for medical cannabis.
- SB411/HB1494 - Income Tax Credit for Physician Preceptors in Areas with Healthcare Workforce Shortage: The bill originally only included physicians and MAAPC worked to ensure nurse practitioners were included.
- SB393/HB490: MAAPC supported this bill from the Board of Nursing which clarified language.
- SB66: MAAPC supported this bill that allows APRNs opening their own business to use the name they choose without seeking initial approval from the Board of Nursing.
- SB0030: Maryland Anesthesiologists Assistants Act: MAAPC opposed this bill and it did not pass.

On a federal level, MAAPC members and supporters signed a petition requesting Secretary Robert A. McDonald, U. S. Department of Veterans Affairs (VA), to support full practice authority for VA APRNs and contacted their senators to urge support for S. 578, the Home Health Care Planning Improvement Act.

Following the 2010 AARP Future of Nursing Campaign for Action initiative, MAAPC rewrote its bylaws to include all APRNs and PAs. By forming this coalition, MAAPC hopes to foster inter-professional collaboration and improve access to care in Maryland. MAAPC remains the only association in Maryland that invites all APRNs and PAs to be voting members. MAAPC also welcomes other healthcare colleagues to join as associate members. Looking for more information? Contact MAAPC at themaapc@gmail.com with any questions.
MARYLAND NURSES ASSOCIATION 2016 CONVENTION

Day One

Speakers and Participants at the Maryland Nurses Association 2016 Convention
Every Nurse a Leader

Anitra Johnson
Beverly Lang
Janel Parham
Sabita Persaud

Kevin Bussiere
L to R: Janice Agazio, Carol Fickinger
L to R: Ellen Amalfitano, Michael White

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Day Two
Awards Granted to Individuals Across the State of Maryland

Vernell DeWitty

L to R: Deena Schrauder, Patricia Travis

L to R: Ed Suddath, Alex Gottsch

L to R: Kathy Ogle, Michael Sanchez

L to R: Kathy Ogle, Nancy Sullivan

L to R: Donna Downing-Corddry, Amanda Brown, Patricia Travis

L to R: Kathy Ogle, Phanedra Harper

L to R: Kathy Ogle, Janiece Walker

Senator Jamie Raskin

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L to R: Kathy Ogle, Audra Rankin

L to R: Kathy Ogle, David Parker

L to R: Kathy Ogle, Nancy Mattucci

L to R: Linda Stierle, Janice Hoffman, Kathy Ogle

L to R: Kathy Ogle, Mary Kay DeMarco, Senator Jamie Raskin

Front Row L to R: Janiece Walker, Audra Rankin, Nancy Sullivan, Phanedra Harper, David Parker
Back Row L to R: Senator Raskin, Janice Hoffman Michael Sanchez

Winners of Raffles and Gifts

L to R: Kathy Ogle, Mary Kay DeMarco, Senator Jamie Raskin

L to R: Convention participant Raffle Winner and MNA member, Staley Collins

Umamaheswari Sankararaman

L to R: Janice Hoffman, Nancy Sullivan

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The Maryland Nurses Association 113th Annual Convention on “Every Nurse a Leader” was a huge success. There were 383 participants and 54 Exhibitors. Panelist, keynote speakers, and poster presentations were all outstanding. One convention participant stated, “This convention is the best one I have ever attended.” In conclusion, there was an opportunity for all nurses to earn contact hours. The Maryland Nurses Association “Thanks” all participants, members and exhibitors.

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Johns Hopkins School of Nursing’s Phyllis Sharps Receives Lifetime Achievement Award

Phyllis Sharps, PhD, RN, FAAN, Professor and Associate Dean for Community Programs, received the 2016 Lifetime Achievement Award in Education and Research from the Association of Black Nursing Faculty. The award is given to an individual who has made significant contributions to nursing and/or health care of African-Americans.

“This recognition is a testament to the work and achievements of Dr. Sharps that truly have spanned her lifetime,” says Dean Patricia Davidson, PhD, MEd, RN, FAAN. “It characterizes the leadership that she displays within the profession and honors her tireless perseverance to improve the safety and well-being of individuals and communities.”

As a researcher and expert in perinatal and women’s health, domestic violence, and community health, Sharps has published more than 80 articles on reducing violence against African-American women. Her studies, funded by the National Institutes of Health, have focused extensively on the health consequences of violence against pregnant and parenting women, babies, and young children, and have led to the development of interventions to protect women and children from intimate partner violence.

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Medicaid Initiative

The team, which consisted of experts in housing, food security, interpersonal violence, transportation, education, employment, and other health-related social needs, met to provide recommendations on how to best implement a screening tool that can be used to better link CMS beneficiaries with social and community services. Campbell was selected her expertise in violence, and Szanton for her work in aging, specifically around housing conditions and their implication on health and well-being.

The screening tool is one of the first steps in the new CMS Accountable Health Communities Model that is testing whether increased awareness of and access to health-related social services will decrease health care costs and/or improve quality of health. Over a five-year period, the CMS will look at cost and health outcomes among three different groups—those who receive increased awareness of services, those who are offered navigation of services, and those who are actually aligned with services.

“Students were able to get a much more inclusive definition of health,” says Szanton. “Historically, medical care has been about managing diseases and symptoms, but we also know that factors such as exposure to violence or having access to fresh foods impact health. If this model is a success, these screening questions could be used in other areas and lead to further interventions that address social determinants of health.”

Szanton, whose Community Aging in Place—Advancing Better Living for Elders (CAPABLE) program has had prominent focus on housing conditions among older adults, has seen the positive effects of modifying social factors. Preliminary findings of her research show that in addition to visits from a nurse and occupational therapists, minor modifications within the home like adding handrails or lowering cabinets dramatically decrease disability and improve self-care.

Campbell has studied intimate partner violence for more than 30 years. Her Danger Assessment tool helps women determine the likelihood of potentially fatal violence by an intimate partner.

“We need to step in earlier as health professionals,” says Campbell. “We can’t just treat the bruises, we have to intervene and offer services to people who experience violence before it leads to long-term depression or chronic illness. Being part of this committee is critically important to moving more community services forward and leading the change in how we think about health.”

Most recently appointed as JHSON’s Else M. Lawler Endowed Chair, Sharps leads the school’s efforts to improve health within the Baltimore and surrounding communities. She directs two nurse-led community health centers operated by the JHSON, provides care to homeless women exposed to violence, and works with students to use their scholarship and innovation to promote outreach and public health interventions.

Sharps has also consulted on integrating cultural competency into studies involving African-American communities and has been involved with organizations like the Family Violence Prevention Fund and the National Institute for Justice.

“This award was an unbelievable surprise to me,” says Sharps. “My work as a nurse fuels me every day, and it’s a privilege to be able to use my profession to make a difference in people’s lives.”

Faculty from the Johns Hopkins School of Nursing Offer Expertise in Medicare, Medicaid Initiative

Jacquelyn Campbell, PhD, RN, FAAN, and Sarah Szanton, PhD, ANP, FAAN—experts from the Johns Hopkins School of Nursing in the respective specialties of violence and aging—are serving as national advisors on a Centers for Medicare & Medicaid (CMS) Technical Expert Panel examining the gap between clinical care and community services.

As a researcher and expert in perinatal and women’s health, domestic violence, and community health, Sharps has published more than 80 articles on reducing violence against African-American women. Her studies, funded by the National Institutes of Health, have focused extensively on the health consequences of violence against pregnant and parenting women, babies, and young children, and have led to the development of interventions to protect women and children from intimate partner violence.

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Coppin State University News

Hosted a Community Based Initiative for: Baltimore City Zika Ambassador Program

Left to Right: Interim Provost and Vice President of Academic Affairs, Dr. Beverly L. Downing; Baltimore City Health Commissioner, Dr. Leana Wen, Baltimore City Health Commissioner; Dean of the College of Health Professions and Helene Fuld School of Nursing, Dr. Tracey L. Murray

University of Maryland News

Dean Named to Maryland Commission on Climate Change

Dean Jane M. Kirschling, PhD, RN, FAAN, was recently appointed to the Maryland Commission on Climate Change (MCCC). The MCCC is charged with advising the governor and general assembly on ways to mitigate the causes of, prepare for, and adapt to the consequences of climate change and maintaining and strengthening the state’s existing Greenhouse Gas Reduction Plan.

Burgess Designated Living Legend by AAN

Ann Wolbert Burgess, DNSc, MS ‘59, RNC, FAAN, professor, Boston College Connell School of Nursing, a pioneer in the field of forensic nursing, and an internationally recognized leader in the treatment of victims of trauma and abuse - has been designated a “Living Legend” by the American Academy of Nursing (AAN), the academy’s highest honor. She will be honored at the AAN conference in October 2016.

Lessans Awarded NIH Grant to Research Role Weight Plays in Outcomes of Breast Cancer Treatment

National Institutes of Health’s National Institute of Nursing Research to fund the project Modeling Post-Menopausal Chemotherapy-Associated Weight Gain. Lessans’ award is for $460,817.

State of Maryland Employment Opportunity

THOMAS B. FINAN CENTER

Registered Nurse

Openings for full time Registered Nurse positions, evening or night shift. Must possess a current license as a Registered Nurse by MD Board of Nursing. Starting salary is $49,088.

$3000 Hiring Bonus offered after completion of probation.

Licensed Practical Nurse

Openings for full time Licensed Practical Nurse II position, evening or night shift. Must possess a current license as a Practical Nurse from the Maryland Board of Nursing. Starting salary is $38,258.

$3000 Hiring Bonus offered after completion of probation.

State benefits include accrued leave time (annual, personal, sick, holiday, bereavement), overtime, comp time and shift differential; excellent health benefits coverage; reduced child and health care costs through pre-taxed spending accounts; State of Maryland retirement benefits; 401K plans. Must be available for rotating shifts, weekends and holidays.

For consideration, please go to: www.jobaps.com/MD to apply for this position (Statewide positions). You may also come into the HR Office, 10102 Country Club Rd for assistance.

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Good news for working nurses with dreams.

Kaplan University’s online Doctor of Nursing Practice program is now available to Maryland nurses.

We’ve helped thousands of nurses advance their careers. Our flexible programs are taught by experienced doctorally prepared faculty, updated to meet employer needs, and designed for working nurses who must also manage jobs and families.

Learn more at www.KaplanMaryland.com or contact Dawn DuCoty at 301.258.3806 or Dawn.DuCoty@kaplan.edu.

The Doctor of Nursing Practice program at Kaplan University is accredited by the Commission on Collegiate Nursing Education (www.accn.nche.edu/accreditation).

Sherrie Lessans, PhD ’10

Lessans Awarded NIH Grant to Research Role Weight Plays in Outcomes of Breast Cancer Treatment

Saint Michael College of Allied Health

Currently accepting applications for admission into the Associate Degree in Nursing (RN-BSN Bridge Program) and Licensed Practical Nurse (LPN) Classes.

Financial Aid is available for those who qualify.

FT/PT Nursing Instructors needed. BSN required. MSN preferred.

If interested send resume to info@stmichaelschoolofnursing.edu

SMCAH ADN Program located in Alexandria is approved by the Virginia Board of Nursing.

SMCAH is certified to operate by the State Council of Higher Education for Virginia (SCHEV)
Three University of Maryland School of Nursing Faculty Members and an Alumna Serving on NPAM Board of Directors

NPAM seeks to ensure a sound policy and regulatory foundation that enables NPs to provide accessible, high-quality care.

August 29, 2016

Baltimore, Md. – Three University of Maryland School of Nursing (UMSON) faculty members and an alumna were recently elected to the Nurse Practitioner Association of Maryland’s (NPAM) Board of Directors for the 2016-17 term. (l. to r.) Faculty members Roseann Velez, DNP, FNP-BC, assistant professor; Veronica Gutchell, DNP ‘13, CNS, CRNP, assistant professor; and Ameera Chakravarthy, MS, BSN ’02, CRNP, clinical instructor; and alumna Sonia P. Brown, DNP ‘15, MS ’99, ACNP-BC, were selected to the board.

Gutchell, NPAM’s president, serves as chief executive officer, NPAM’s principle representative and spokesperson, and chairperson of the board of directors and the executive committee. She also presides over all NPAM meetings, with the exception of district meetings; appoints members, with the approval of the board; serves on committees, special assignments, and task forces; and oversees disbursement of funds with approval from the board of directors.

“We are extremely proud that three alumnae from the School of Nursing—three of whom are also faculty members—have been elected to serve as officers of the Nurse Practitioner Association of Maryland,” said UMSON Dean Jane M. Kirschling, PhD, RN, FAAN. “Through their volunteer service to NPAM as president, president-elect, secretary, and treasurer respectively, Dr. Gutchell, Dr. Brown, Dr. Velez, and Ms. Chakravarthy are emblematic of the national focus on nurses assuming leadership positions in organizations that are advancing health. I know that they will do an outstanding job in supporting the important work that NPAM is doing to ensure the highest quality of health care for Maryland residents and advance the role of nurse practitioners in meeting the needs of our communities.”


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Psychiatric Nurse Practitioners throughout Maryland are discovering the unique advantages of a career in correctional mental health with MHM Services, a leader in this progressive field. Our advantages include:

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RN position available also!
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**Members Elect New Board Members and ANA Membership Assembly Representative**

**President-Elect – Karen E. B. Evans MSN, RN-BC, SD-CLTC**
Karen has served on the MNA Board of Directors for the past four years as Vice President for one year and District 2’s representative for three years. She currently represents MNA on the Governor’s Task Force on Family Caregiving and Long Term Care Supports. Throughout her career, she has witnessed many healthcare industry changes; nurses not only need to keep up with the changes make every effort to stay ahead of them. She is fully committed to continuing to serve, support, and uplift all members of the MNA.

**Secretary – Jo Fava-Hochuli, MS, RN**
Jo has served on the MNA Board of Directors for the past two years as Secretary. She served as Co-Chair of the Convention Planning Committee in 2014; as Chair in 2015 and in 2016. Jo believes that communication is the key to the success of an organization, and that the role of the Secretary is instrumental in achieving this success.

**MNA Officer Representative to the ANA Membership Assembly – Kathy Ogle, PhD, RN, FNP-BC, CNM**
Kathy currently serves as the President of the Maryland Nurses Association. She previously served as Secretary of the Board of Directors and one year as President-Elect. Kathy believes that the MNA Officer Representative to the ANA Membership Assembly should be an officer who knows the “big picture.”

**Outgoing Board Members**

The Maryland Nurses Association extends a huge THANK YOU to the following Outgoing Board Members:

**Linda Cook, PhD, RN, CCNR, CCNS, ACNP-BC**
Linda has served as the Treasurer of MNA for the past 2 years and was treasurer-elect prior to serving in that role. She says that she has learned a lot about professional organization side of nursing and the influence that nurses can have at a variety of levels. MNA truly serves as a voice for nurses, patients and their families in the state legislation providing insight on many levels about the vital role nurses play in healthcare.

**Janice Hoffman, PhD, RN, ANEF**
Janice served as Immediate Past President during the last year. Prior to that time on the MNA Board of Directors, she served as President for two years and President-Elect for one year. Janice has served on the MNA Board of Directors since September 2009, beginning as Secretary.

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**Mental Health First Aid**

Because you may be the first support for someone experiencing a mental health crisis!

Whether you are a first responder or not, you should learn how to help. Enroll in a class now, or we can bring the training to your workplace.

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The incredible value of education.

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Correct Care Solutions is a public healthcare company serving the healthcare needs of patients in a variety of care settings. We offer healthcare jobs in corrections and correctional facilities, state psychiatric hospitals, residential treatment centers and more. Our 11,001+ employees feel part of something bigger than themselves because of the care we provide to an often underserved population.

**NURSING PROFESSIONALS**

Crisis counseling is currently seeking dedicated Licensed Nurses, Licensed Practical Nurses and Nurse Practitioners to join our team!

New Grad Welcome

Opportunities available statewide in Maryland

Full-Time, Part-Time and PRN available!

We offer generous compensation and benefits

For more information, please visit jobs.correctcoresolutions.com or contact Edwin Roberson at: 615-815-2795 or Erobertson@correctcoresolutions.com

Crisis Counseling Solutions is an EOE/VE/AA/Disability/Drug Free Workplace
We Asked our Members: WHICH LOGO DO YOU PREFER?

The American Nurses Association has changed its logo. The Maryland Nurses Association’s Board of Directors sought input from MNA members regarding whether or not MNA should change its logo to align with ANA’s new logo. MNA’s old logo appears at the top in the image above (orange and blue with white).

As you may know, branding is important - think about your favorites such as Starbucks and Toyota both have logos that are easily recognized.

62% of the members answered YES
25% of the members answered NO
13% of the members answered IT DOESN’T MATTER TO ME

The majority of the comments given were extremely positive and included:

• It would show consistency in aligning with the National logo.
• I like the updated logo.
• Because I am comfortable with the current logo.
• It’s a good idea and I like the look.
• Looks good.
• An update is needed.
• Keep same logo.
• I like the new one very much.

Using the input from the members, the Board of Directors decided to change to the new logo.

APPT, Inc.
Total Care for Pediatric Patients
Located in Fulton, MD, APPT, Inc. is a pediatric home health care agency that provides specialized private duty nursing for children within the state of Maryland.

We are a staff of skilled and caring professionals looking for committed nurses to join our permanent team in providing quality home care for our pediatric patients where it counts.

We are looking for Licensed Practical Nurses/Registered Nurses with at least 1 year of pediatric experience within the last 3 years and Supervisory Registered Nurses with 3 to 5 years pediatric experience. Please contact us at:

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PHONE: 301-617-0083
FAX: 301-317-8731

To learn more about us and to apply online, go to:
www.apntinc.com

Bilingual Spanish-speaking nurses are encouraged to apply.

Health care information privacy. Health informatics. HIPAA compliance. Do you work with these issues?

Go further with a Master of Science in Law specializing in Health Law.

Get the practical training needed to succeed in today’s regulated business world and complex policy environment.

Maryland Responds to the public health needs of our community. Whether it’s responding to a natural disaster or helping community members prepare for flu season, Maryland Responders are Ready for Anything. Help us prepare and protect our community by becoming a Maryland Responder today!

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WHEN DISASTER STRIKES...

MARYLAND RESPONDS
Join us: mdr.dhmh.maryland.gov

Maryland Responders are dedicated volunteers who stand ready to respond to the public health needs of our community. Whether it’s responding to a natural disaster or helping community members prepare for flu season, Maryland Responders are Ready for Anything. Help us prepare and protect our community by becoming a Maryland Responder today!

To learn more, visit: mdr.dhmh.maryland.gov

FAMILY NURSE PRACTITIONER

For more information, please call the Department of Nursing at 301-860-3201

Now Hiring!
Phillip Bovender spoke to a full house at Martin’s West as he delivered an outstanding presentation on the “The Role of the Maryland Nurse in a Disaster.” Students, nurses and special guest were wowed with the presentation on the local challenges faced by Baltimore County and city residents. Many did not realize the magnitude of need, not only required during a major natural disaster, but the many needs required on a daily basis.

One major issue discussed, focused on recruiting a diverse population of blood donors to ensure availability of all blood types for transfusion. Bovender explored specific issues and secondary complications associated with the lack of blood and tissue types among ethnic groups. Further discussion was presented on the need for partnerships and volunteers to manage the issues surrounding ethnically diverse blood donations. For further information, author: Charlotte M. Wood can be contacted at charlottewood58@gmail.com.

Maryland Nurses Association-District 2 News
The Role of Maryland Nurses in a Disaster

Left to Right: Charlotte M. Wood, PhD, MBA, RN, 2nd V. Pres.; Liesel Charles Lewis, BSN, RN Treasurer; Nayna Philipsean, JD, PhD, RN, CFE, FACCE, President of District 2

Phillip E. Bovender
RN, BSN, CCRN, TCRN American Red Cross Volunteer (CLS/ HS/SV) State Nurse Lead for Maryland Assoc. Division Nurse Lead for the Mid-Atlantic (SC, NC, VA, DC, MD, DE, PA)

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Take the First Step ... Explore Your Options!

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Salisbury University

New Tracks:
• Post-Bachelor’s to D.N.P. – 80 credits for doctorate and eligibility for Family Nurse Practitioner certification
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PROGRAM HIGHLIGHTS
• Full-time study allows for quick career advancement
• Courses delivered in distance-accessible format through interactive online learning
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Information: 410-543-6420 or dnp@salisbury.edu
www.salisbury.edu/nursing
District 7’s Membership Meeting at Darlington Hall

District 7 members and the District 7 Award Recipient, Rebecca O’Laughlin

Graduating nursing student Rebecca O’Laughlin was chosen by the Harford Community College Nursing Faculty for demonstrating academic success and leadership in the Nursing Program. The MNA District 7 Award includes an online and print subscription to the American Nurse Today; an engraved stethoscope, framed award certificate, and $100.

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District 7 volunteers at their Macy’s Shop for a Cause and Health Promoting Event

District 7 volunteers at their Macy’s Shop for a Cause and Health Promoting Event at Macy’s at Harford Mall on August 27, 2016. District 7 volunteers provided blood pressure, BMI measurements, and health education to shoppers. District 7 raised $270 for nursing scholarships and awards through this fundraiser. From left to right: Barbara Polack, Biloy Mahanti, Chick-fil-A cow, Dee Jones, and Sadie Parker.

From left to right: Barbara Polack, Biloy Mahanti, Chick-fil-A cow, Dee Jones, and Sadie Parker

In recognition of National Home Care Month HSC Health & Residential Services salutes all home care nurses!

When you’re looking for a flexible schedule to meet your needs and a professional environment that supports your career goals, look for HSC Health & Residential Services (license R3528). We are a viable employer that provides family-centered care in the home for infants, children, and adults.

Learn more about our services, or joining our health care team at HSC-HomeCare.org.

RN CASE MANAGERS for both Certified Home Health Agency and for Hospice

CLINICAL SUPERVISOR for Home Care

• Excellent Pay
• Benefits
• Flexible Schedules

You may call Roxan at 301-764-7741 or email your resume to Bernar@HolyCrossHealth.org. Veterans are encouraged to apply

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Learn more about our services, or joining our health care team at HSC-HomeCare.org.
2nd Annual World Sepsis Day

Ellen Amalfitano

September 13, 2016 marked the 2nd Annual World Sepsis Day, sponsored by The Global Sepsis Alliance (GSA), a nonprofit organization supporting over 70 countries’ efforts to decrease the incidence and impact of sepsis worldwide. Here in the United States, we struggle with meeting the Sep-I core measures, our gold standard of treatment. We educate with webcasts on abstraction; employ LEAN strategies to ensure prompt delivery of antibiotics after obtaining blood cultures; and devise computer-driven best practice alerts to ensure our patients receive cutting edge sepsis care. As we seek ways to provide better care faster, World Sepsis Day was a good time to stop and consider what is happening outside the United States.

While we celebrate our decreasing mortality rates, lower- and middle-income countries (LMIC) are experiencing sepsis mortality rates upwards of 80%. As we struggle to define the comprehensive list of antibiotics acceptable for treating sepsis, MLIC don’t have formularies from which to choose, they have a handful of antibiotics at best. Blood cultures don’t have access to antibiotics for septic patients. The sepsis mortality rate in Tunisia, Pakistan, Thailand, and Turkey is greater than 80%.

The Surviving Sepsis Campaign guidelines have been adapted to provide realistic standards for care in resource limited LMIC.

World Sepsis Day prompted us to take a moment to reflect on the technologies, devices, medications, and skilled teams that developed countries have to assist in fighting sepsis. Now consider that less than 20% of 30 million annual worldwide cases of sepsis receive the standard of care—contributing to over 8 million sepsis deaths globally each year. GSA’s goal for World Sepsis Day is to have it declared a Global Health Day by the World Health Assembly.

Despite geography and cultural differences, we can assist in the global fight also through actively engaging in GSA World Sepsis Day Activities found on the GSA webpage. For example:

1. Sign the Global Sepsis Declaration to lend your voice to the campaign to increase funding, research and resources for sepsis prevention world-wide provider and patient education, early recognition, and infection prevention, including hand hygiene and vaccinations
2. Consider hosting a ‘Pink Picnic’ to raise awareness at your local level and join the Pink Picnic recipe contest
3. Purchase unique Sepsis gear such as hoodies, canvas bags, and travel cups to promote awareness, spark conversation and show support for GSA’s 2020 goal of reducing global sepsis by 20%
4. Host your own educational day using free materials available free from GSA such as recordings, film shorts, FAQ sheets, and posters—some of which are designed for you to insert your own corporate logo
5. Encourage sepsis survivors and relatives of sepsis survivors to participate in the international Life After Sepsis Story, which seeks to capture the post-acute impact of sepsis across the globe

“No matter what anyone tells you, words and ideas can change the world” - Robin Williams
The members of the Maryland Nurses Association cordially invite you to join our fellowship of nursing professionals.

Joining the MNA is a great way to address important issues related to nursing. You could serve on one of our committees that focus on specialized areas of nursing, such as Practice & Education, Legislation, or the Environment. You could develop or strengthen your leadership skills by serving as a committee chair, or better yet, as an officer of the MNA.

Membership will provide you access to education and training programs, certification and licensing programs, industry events and conferences, and a plethora of professional resources. Membership will provide you endless networking opportunities with like-minded professionals. And most importantly, membership will provide you the opportunity to give back to your community.

The MNA wants you...the committed and dedicated nurse to enhance our mission: to be the voice for nursing in Maryland that advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing. When nursing is strong, everyone you love and care for reaps the benefits.

The MNA would be greatly enriched by your membership.

Maryland Nurses Association Membership Application

Last Name/First Name/Middle Initial
Credentiaals
Home Address
Home Address
City/State
County
Employer Name
Employer Address
Employer City/State/Zip Code

MEMBERSHIP DUES VARY BY STATE

MEMBERSHIP CATEGORY (check one box)

M Full Membership Dues
Employed-Full Time
Employed-Part Time
Full Dues MNA Membership Only
To belong to the Maryland Nurses Association and your District Only

R Reduced Membership Dues
Not Employed
Full Time Student
New Graduate from basic nursing education program within six months to two years after graduation (first membership year only)
62 years of age or over and not earning more than Social Security allows

S Special Membership Dues
62 years of age or over and not employed
Totally Disabled

Note: $7.50 of the SNA member dues is for subscription to The American Nurse.
State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, if percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your CPA for the correct amount.

Payment Plan
(choose one)
Full Amount Payment
Check
Mastercard or VISA Bank Card (Available for annual payment only)

Bank Card Number and Expiration Date

Signature for Bank Card
Mail with payment to MNA at the above address

Signature for Payroll Deduction
This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

Signature for Payroll Deduction
This is a valid authorization for withdrawal of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. MNA is authorized to charge the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by MNA or written notification of termination (30) days prior to the deduction date as designated above. MNA will charge a $5.00 fee for any return drafts.

PAYMENT PLAN

MEMBERSHIP APPLICATION

There are currently 8 districts in MNA. You may select membership in only one district, either where you live or where you work.

District 1: Allegany County
Garrett County

District 2: Baltimore City
Baltimore County
Howard County
Carroll County

District 3: Anne Arundel County

District 4: Eastern Shore
Except Cecil County

District 5: Montgomery County
Prince Georges County

District 7: Cecil County

District 8: Frederick County
Washington County

District 9: St. Mary’s County
Charles County
Calvert County

All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDDD). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

Please choose your district and payment plan from the following chart:

For All Districts
Full Dues
Reduced Dues
Special Dues

Annual EDPP
$256
$128
$64

Annual EDPP
$21.84
$11.17
$5.83

Annual EDPP
$150 for all Districts Full Dues EDPP
$13 for all Districts.

*EDPP – monthly Electronic Dues Payment Plan

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St. Louis, MO 63150-4345

November, December 2016, January 2017
The Maryland Nurse News and Journal • Page 19
Treating Tobacco Use in Maryland: Tools for Helping Your Patients Quit

Free online training and CME credits at:

www.helppatientsquitmd.org

Training includes:

- Using the brief tobacco intervention with patients who use tobacco
- Referring patients who are ready to quit to the evidence-based Maryland Tobacco Quitline
- Describing FDA approved pharmacotherapy to help patients stop using tobacco

Training provided for free by the Center for Tobacco Prevention and Control.